

ABSTRACT

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AN EXAMINATION OF SUBSTANCE USE AND ABUSE AMONG AFRICAN AMERICAN HIGH SCHOOL STUDENTS

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This thesis examines substance use and abuse in the context of precipitating factors. In particular, it shows how substance abuse can be triggered by certain variables such as stress. The thesis also shows different "struggles" encountered by African American students that have been found to impact the use of various illicit substances. Additionally, the thesis discusses the role of the church and its impact on the structure of the African American family as it deals with youth and drugs. Drug categories included in this study are cigarettes, alcohol, marijuana and cocaine. The study shows, through an historical perspective, how drugs entered the African American community and why they still remain. The primary data source used was a set of summarized surveys administered to

schools from forty states compiled by PRIDE. Recommendations are made for various initiatives and programs designed specifically to aid in reducing substance abuse among African-Americans.

AN EXAMINATION OF SUBSTANCE USE AND ABUSE AMONG AFRICAN AMERICAN
AMERICAN HIGH SCHOOL STUDENTS

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CHAPTER I

INTRODUCTION

Statement of the Problem

The purpose of this thesis is to examine several underlying factors associated with substance abuse among African American high school students. The thesis attempts to determine relationships between different categories of drugs (i.e., cigarettes, alcohol, marijuana, cocaine) and grade level. The role of stress is examined in terms of its impact which can result in chronic drug use. An important aim of this research is to explore the lifestyles of substance abusers through a review of the literature. Toward this end, the thesis explores factors which precipitated the user's interest in the drug and ensuing abuse. The thesis also offers recommendations on how to deter use and strategies on the implementation of preventive measures.

One definition of substance abuse or drug dependence is that state produced by repeated administrations of drugs such that the drug users will engage in substantive and revocable behavior leading specifically to further

administrations of drugs.¹ Another definition is the voluntary regular use of a drug accompanied by a psychological attachment to its use, usually evidenced by distress or uneasiness when the drug is not being taken.²

Substance abuse affects three facets of a person's life: psychological, physiological and sociological. For example, it is easy to see how unemployment can trigger stress. High unemployment rates are very disproportionately distributed among African Americans. It is very damaging to a person's psychological health when he or she feels that they are unable to carry their own weight. This pressure can lead a person to seek some type of refuge. The refuge sought for in a lot of cases is drugs. Stress has been shown to be a significant factor in the use and abuse of drugs. Thus, in understanding drug use, an overview of its association to stress is important. According to the Holmes and Rahe Social Readjustment Rating Scale, the death of a child or spouse ranks highest in the cause for stress. This particular scale was developed in 1967 to show that change, no matter how good or bad, causes some type of duress in a person's life. Often, some type of readjustment is

¹Beny J. Primm, Implications of Alcohol and Other Drug use for Black America (Washington, D.C.: Ecology of Alcohol and Other Drug Use, 1987), 7, DHHS, ADM 90-1672.

²Henry Pratt Fairchild, Dictionary of Sociology (Ames, Iowa: Littlefield, Adams and Co, 1981), 1157.

necessary in order to adjust. An event such as death, for example, can lead to drugs in order to ease the pain associated with the loss.

Many African American high school students today have little to no hope for a progressive future because of how drugs have plagued their communities. They lack positive attitudes toward the future, in part, because of the lack of positive encouragement. A very evident reason for this lack of encouragement is the number of Black males in jail compared to those in college. When Blacks seem to have a very dim outlook for their future, it is not so difficult to understand why. Although there is quite a bit of literature about drugs among Blacks, there is a big need for more. With each passing day, Blacks are experiencing increased problems directly related to drugs. Hence, there is a major need to examine the factors associated with substance abuse.

Review of the Literature

The common thread of fear, anger and futility conveyed on buttons, bumper stickers and posters in an earlier era is very much the same inner expressions of war and conflict raging in many Black teenagers today. When these youths hear the previous generation romanticizing about the gains made in the sixties, they do not reach the same conclusion of progress and/or hope. They feel that the struggle has

not insured them access to equal opportunity regardless of the progress that might have been made.³

Therefore, appealing to high schoolers to think about their future as a major reason to stop drinking is meaningless. Blacks from poor socio-economic environments feel the future may not come and if it does, they will have little or no ability to shape the future directions of their lives. There is an increasing number of junior and senior high school students who are drinking early, drinking more often, and becoming drunk more frequently. This is alarming because drinking patterns, like other behaviors established early in life are more likely to continue into adulthood.⁴

Stress has been shown to be a major common underlying factor linked to substance abuse.⁵ Youths experience stress from many sources, (e.g. constant unsatisfactory living conditions, hunger, poverty, high unemployment, high crime, poor housing). This may explain why Black adults are among the highest percentage of sufferers of substance abuse.⁶

³Frances Larry Brisbane, "The Causes and Consequences of Alcohol Abuse Among Black Youth," Journal of African American Issues 4 (Spring 1976): 241-254.

⁴Ibid.

⁵Peter W. Greenwood, "Substance Abuse Problems Among High-Risk Youth and Potential Interventions," Crime and Delinquency 38 (1992): 444-458.

⁶Hans Seyle, Implications of Alcohol and Other Drug use for Black America: Opening Address (Washington D.C.: Ecology of Alcohol and Other Drug Use, 1987), 7, DHHS, ADM

Blacks living in a single parent home rose from 36 percent in 1970 to 59 percent in 1985. In that same year, over half of the Black births were from unwed mothers. For Black women, low earnings and unemployment can cause a great deal of disparity. Women only make 69 percent of what men do.⁷ This accounts for why Black women work longer, and in some cases work two jobs since many of them are heads of households. Being unable to earn enough money necessary to take care of their family responsibilities increases the chances for stress. As earlier indicated, relief is thus sought from somewhere; in a lot of instances relief is found through drugs.

Many minimum wage earning adults also suffer from much stress. They suffer this stress because they usually have to support a family and work forty hours or more and still live below the poverty line. Blacks disproportionately live below the poverty line. Poverty induces stress and again enables Blacks to be more apt to indulge in drugs. Unemployment for Blacks is one of the greatest factors that contributes to chronic stress. Blacks represent a disproportionate amount of the unemployed. Black unemployment rates are twice as high as those of their white

90-1672.

⁷Beny J. Primm, Implications of Alcohol and Other Drug Use for Black America (Washington D.C.: Ecology of Alcohol and Other Drug Use, 1987), 7, DHHS, ADM 90-1672.

counterparts. They usually are the last hired and the first fired.⁸

When the use of drugs was on the incline, so did racial violence in Black communities. According to a 1978 report from the Department of Justice's Community Relations Service, there were only eight cases of violence related to drugs that year. However, in 1986, there were 276 and in 1987 there were 276 also in the first part of the year.⁹

Whenever there is a great amount of stress in cities, there is a high number of homicides (New York has the highest number of drug addicts and documented homicides). Additionally, personality factors are common among many drug abusers. These include: impulsive behavior; difficulty in delaying gratification and sensation seeking; a weak commitment to any and everything; general tolerance to deviation; a sense of heightened stress and lack of self-esteem. People who experience these characteristics vacillate between depression and anxiety. Childhood physical and sexual abuse is very common as are terminal conflicts with their parents. This results in major problems in the family.¹⁰ Instrumental activities may help in the deterrence of overcoming the negative effects of

⁸Ibid.

⁹Ibid.

¹⁰Ibid.

these particular lifestyles in question. Leaving high school, for example, before graduation may be related to drug use; however, others who leave school but who are involved in a potentially beneficial activity such as church participation, may show different patterns of alcohol and substance use.¹¹ Instrumental activity has been associated with self-esteem, life satisfaction and reduction in samples of adolescents.¹²

This nation's most recent epidemic of illicit drug use is on the decline. Particularly among the teenage population, experimentation with marijuana and other drugs is dramatically down, and the perceived likelihood of potential harm from drug use continues to rise.¹³ In part, this decline in teenage drug use can be attributed to the increasing proliferation of school-based prevention programs, which inform students about problems associated with drug use and help them to recognize and deal with

¹¹Marc A. Zimmerman and Kenneth I. Maton, "Life-style and Substance Use Among Male African-American Urban Adolescents: A Cluster Analytic Approach," American Journal of Community Psychology 20 (1992): 121-138.

¹²Ibid.

¹³Lloyd D. Johnston, Patrick M. O'Malley and Gerald M. Bachman, Drug Use among American High School Seniors, College Students and Young Adults, 1975-1990 (Washington D.C.: National Institute on Drug Abuse, 1991), 7, ERIC, ED 248 700.

perceived peer pressure.¹⁴ Several national surveys of high school students conducted in 1990 show that drug use continued its decade-long decline among this age group and that alcohol remained the drug of choice for youths. Marijuana use repeatedly has been on the decline since the late 1970's. Almost 50 percent of seniors reported illicit drug use at some time in their lives.¹⁵ Twelve point nine percent reported using an illicit drug other than marijuana sometime during their life, with 9.4 percent reporting lifetime use of cocaine, and 2 percent reporting cocaine use in the last 30 days.

Studies show that Black high school students who leave school before graduation experience low self esteem. They also have children at young ages. Students with these characteristics are prone to become substance abusers.¹⁶

Low school attendance and lack of church involvement have been found to be strongly related to alcohol and substance use. Delinquent behavior is associated more with substance use among high schoolers. However, in one study, uninvolved high school aged youths who left school who were

¹⁴William J. Buloski, "School-Based Substance Abuse Prevention: A Review of Program Research," Journal of Children in Contemporary Society 18 (1990): 95-116.

¹⁵Peter W. Greenwood, "Substance Abuse Problems Among High-Risk Youth and Potential Interventions," Crime and Delinquency 38 (1992): 444-458.

¹⁶Ibid.

not working, and who did not attend church were not found to be delinquent. The only difference between those who were in school and those who left school was some type of employment. Multivariate behavioral profiles may be more accurately reflected in the complexity of their life-style than in single behavior measures.¹⁷

Previous research identified high school dropouts as a risk factor for alcohol and substance use. Leaving school before graduation may not lead to substance use if other life-style behaviors are also present such as after school activities, jobs or church. When previous findings were replicated, they revealed that school attendance and church involvement are related to less alcohol and substance use. Some youths who left school before graduation (but who did attend church) also reported low use. An alternative explanation of the results might be that it is simply a combination of high school drop out and delinquency that is predictive of alcohol and substance use. The uninvolved youths reported less alcohol and substance use than a group of youths with similar life-styles on every dimension except delinquency.¹⁸

¹⁷Marc A. Zimmerman and Kenneth I. Maton, "Life-style and Substance Use Among Male African-American Urban Adolescent: A Cluster Analytic Approach," American Journal of Community Psychology 20 (1992): 121-138.

¹⁸Ibid.

Perhaps the most interesting pattern of substance use was for the employed group. They reported the highest levels of alcohol consumption, and their marijuana use was similar to the uninvolved group who remained in school. Thus, staying in school may not be a panacea for adolescent alcohol and substance use. Specifically, working while attending school may limit the potential benefits provided by school. Work may expose youths to older co-workers who consume alcohol and influence their behaviors; they may use drugs as a coping mechanism, or working may simply provide capital means for purchasing drugs.¹⁹

Lower class Blacks have higher prevalence rates of serious delinquency and of alcohol, marijuana and poly drug use. Marijuana and poly drug use were both higher among urban residents. The use for Blacks was five times higher than those among active Whites. Offense rates (in illegal services) for lower class youths were five times greater than middle class youths in 1980 and 1983 and almost three times higher in 1976. Prevalence rates (for illegal services) were consistently higher among urban youths, compared to rural youths - almost three times higher in 1976. Offense rates were significantly higher (almost 10 times higher) for urban youths in 1980. Those who report

¹⁹Ibid.

frequent absences from school have appreciable higher than average usage rates of both illicit and licit drugs.²⁰

Data from the National Youth Survey through 1983 provide support for the contention that inner-city youths are more at risk for using drugs, although the differences are not dramatic and do not hold up for social class. Much stronger proof is provided for the contention that inner-city youths are more at risk of becoming sellers.²¹

Drug use among teenagers has declined significantly over the past decade. High school students raised in impoverished urban communities continue to be at risk for involvement of drug use and sales and for serious delinquency.²² In recent years, a number of researchers have argued that substance abuse is just one of an overlapping and interrelated group of adolescent problem behaviors including delinquency, school failure, dropout and teen pregnancy.²³

²⁰Ibid.

²¹Delbert S. Elliot and Harwin L. Voss, Delinquency and Dropouts (Lexington, MA: D.C. Heath, 1974), 24.

²²Peter W. Greenwood, "Substance Abuse Problems Among High-Risk Youth and Potential Interventions," Crime and Delinquency 38 (1992): 444-458.

²³Richard Jessor and Shirley Jessor, Problem Behavior and Psychological Development: A Longitudinal Study of Youth (New York: Academic Press, 1977), 12.

Recent studies on the overlap of substance abuse with other behavior problems in high risk youths in three cities were funded by the Office of Juvenile Justice and Delinquency Prevention (OJIDP).²⁴ According to their study, substance use was significantly related to delinquency in young blacks, regardless of race. Delinquent female high schoolers were at a higher risk for drug use than their delinquent male counterparts. Delinquency was also found to be related to early sexual activity. Those individuals who were involved in sexual activity or pregnancy were much more likely to be involved in some form of delinquency.²⁵

Conceptual Framework

This study was done from the conflict perspective. This perspective views society as being controlled by social processes which cause tension, competition and change. These three components lead to conflict.²⁶

This theory was coined by Karl Marx. Marx saw the world as a mass of continuous change. He saw this change

²⁴David Huizinger, Rolf Loeber and Terence Thornberry, Urban Delinquency and Substance Abuse, vol. 1, Technical Reports (Washington D.C.: U.S. Department of Justice, 1991), 63.

²⁵Peter W. Greenwood, "Substance Abuse Problems Among High Risk and Potential Interventions," Crime and Delinquency 38 (1992): 444-458.

²⁶Ian Robertson, Sociology, 3d ed. (New York: Worth Publishers, Inc., 1987), 657.

causing conflict. The conflict perspective sees the structure of society as never functioning as well as people were led to believe.

Conflict theorists believe that problems with society exist because contradictions, inequalities and injustices are an accepted embedded component of society. Conflict theorists also believe that deviating from rules is not necessarily due to the failure of society nor of the individual who is breaking the rules. Instead, the problem is that the rules designed to govern society as a whole are not always justifiable for everyone.

Conflict occurs when groups who have different values meet and compete for a common goal. When a group realizes that some goals may not be accomplished, compromises are accepted; sometimes the compromises are not always the consensus of society.

Compromises such as drug use to alleviate societal pressures are not generally accepted by American society. Society tends to believe that more constructive outlets are available. A conflict in values is a significant part of the problem.

A major problem for persons who engage in drugs use, particularly those who use illicit drugs is the negativism stigmatized with drugs. Since society on the whole views illicit drug use as being deviant, conflict arises.

Conflict arises because many do not agree with not drug use as being labeled deviant. In this society, values of the dominant determine what is punishable and what is rewardable. Value conflict theory measures persons and behavior. Although there may not be total agreement on all issues because of diverse beliefs, there are dominant factions that rule. Therefore, illicit drug use because of how it is valued is considered deviant. Drug use is considered a criminal act and those who use illicit drugs or those who cannot control licit drug use are considered to be more deviant and less powerful in comparison to their more stable counterparts. Conflict arises when people who live around or among the drugs are constantly in conflict with overall society's views of drugs.

The impact of the drug culture is so strongly embedded within youth today that parents feel the need to come up with an alternative measure that provides the same type of immediate gratification and material possessions to participants of the drug culture. The glamour, glitter and material possessions of the dealers serve as a powerful magnet, seductively enticing more and more youths to enter the web of self-destructive behavior. The drug dealer emerges as model of someone who has been able to create an alternative economic activity that gives him or her the material vestiges of power. In the presence of high levels

of unemployment, limited educational attainment and the adoption of a materialistic value orientation, drug-dealing and drug-related activity emerge as viable economic enterprise for urban Black youth. There is a conflict of values concerning drugs. Drug use and trafficking are clearly illegal but in many instances provide the essentials needed for survival. In a lot of cases, drug-dealing benefits not only a few people, but the entire family. There are many households where the drug dealer is the sole provider.²⁷

²⁷Wade Nobles, Family, Cultural and Environmental Risk Factors Related to Alcohol and Other Drug Use Among Black Youth (Oakland, CA: Institute for the Advanced Study of Black Family Life and Culture, 1987), DHHS, ADM 90-1672.

CHAPTER II

ILLICIT AND LICIT DRUGS, THEIR HISTORY AND HOW IT AFFECTS THE LIVES OF AFRICAN AMERICAN HIGH SCHOOL STUDENTS

"Gateway drugs" is defined as the first drug usually consumed as the "stepping stone" or introductory drug to all other drugs and usually the mildest in comparison.¹ Alcohol, cigarettes and marijuana are three targeted gateway drugs because they are the most popular of the illicit drugs. From the aggregate of data, alcohol seems to be the most popular of the three. Cigarettes follow alcohol for younger adolescents. For females, alcohol and cigarettes are the most popular. Curbing use of these so-called "gateway drugs" is critical not only because of the threat they pose to adolescents' health, development and safety, but also because prior use of these drugs, particularly marijuana is virtually a precondition of using cocaine, crack and other hard drugs.²

¹John W. Welte and Grace M. Barnes, "Alcohol: The Gateway to Other Drugs Use Among Secondary-School Students," Journal of Youth and Adolescents 14 (1985): 487-498.

²Phyllis L. Ellickson and Robert M. Bell, "Preventing Drug Use Among Young Adolescent," The Education Digest November (1990): 63-67.

An Historical Account: Alcohol and Blacks

Alcohol use is a very important part of indoctrination for high school students. Alcohol use is how many of them gain entrance to the rites of passage into adulthood. If high school students do not use alcohol, generally they will not experiment with illicit drugs. When they consume illicit drugs such as heroine or crack as a first drug, it is a very significant step and considered more deviant than alcohol and cigarettes. Students want to feel accepted and generally will do whatever is asked in order to "fit in" even if they really do not want to do it.

"Doing drugs" is generally done in an ordinal manner. First alcohol (cigarettes depending on the person), marijuana, heroine (pills depending on the person) and then cocaine. There is a certain amount of chance taken in order for the flow from childhood to be successful. A successful journey from childhood to adulthood requires the teenager to feel accepted. In order to be accepted, alcohol consumption in most circumstances is required.

When the students feel that they want to experiment with new drugs, they usually do not abandon the old ones. They are used in conjunction with other drugs. The more elongated alcohol consumption is, the stronger the desire is for a more potent drug.

High school students who live in the drug culture everyday are not in full understanding of how deviant drug use is to the overall society. When they finally realize how society views drug use, they understand why it is deviant. The next time drugs are used, the less deviant the adolescent feels until he/she is guilt free. This enables the adolescent to indulge in more drugs and to exhibit that feeling of belongingness.

When drugs are used out of the specified order (as previously stated) and hard drugs are tried first, high school students tend to be more accepting of a deviant lifestyle. Although all alcohol users do not pursue harder drugs, they are still at risk and it is necessary for some type of preparation to prevent individuals from progressing on to hard drugs.

Since alcohol is the number one licit drug and does outnumber all other drugs used, it has promoted talk of creating some type of tool for educating individuals, especially, to be more responsible drinkers. Today, drinking is a very big part of American past time. It is considered to be very sociable to drink with friends, whether it is at a party, barbecue or sporting event. Some people consider it very insulting if you do not at least drink one drink; this goes for both adults and youths. It is very important that youths are taught alternative

lifestyles and educated proficiently because early drinking has been documented as the primary reason for substance abuse.³ Rates of experiencing trouble from drinking are twice as high for adolescents who have a history of alcohol problems (meaning one or both parents, siblings, guardian or any one who has direct influence on the youths who experience alcohol problems).⁴ High school students who have experienced this type of background experience extreme impaired coping mechanisms and strange intolerable patterns of behavior as they progress on to adulthood. Those who have a history of problem drinkers in their background are more at risk because of their surroundings and the acceptance of this particular kind of behavior within their surroundings. Persons with this background history are more prone to experience extreme impaired coping mechanisms and strange intolerable patterns of behavior.⁵

The number of social problems that are reported by youths with a history of family members with drinking problems is much higher than for those who have no history

³John W. Welte and Grace M. Barnes, "Alcohol: The Gateway to Other Drugs Use Among Secondary-School Students," Journal of Youth and Adolescents 14 (1985): 487-498.

⁴Robert Pandina and Valerie Johnson, "Serious Alcohol and Drug Problems among Adolescents with a Family History of Alcoholism," Journal of Studies on Alcohol 51 (1990): 278-282.

⁵Ibid.

of alcohol problems. When youths have alcohol associated in their background, problems are much higher for them, and begin at a very early age. Males tend to experience more problems at a higher rate than females. Family history seems to be a major predictor for future substance abuse. It is not the only one, yet it is a major contributor to intergenerational substance abuse.⁶

Alcoholism does not discriminate. Its victims are young, old, Black, White, rich and poor. However when minorities, especially Blacks are affected, special needs for education and attention are in demand. Blacks have so many other problems that average remedies are not all the time sufficient.⁷

Alcohol use varies among different ethnic groups, particularly among Whites as compared to Blacks. Recent research has shown that Black seniors in high school drank less alcohol than their White counterparts.⁸ To hypothesize that there are no significant differences among alcoholics of different sexes, ages, races, cultures and social classes is illogical and empirically unfounded; yet

⁶Ibid.

⁷Creigs Beverly, "Treatment Issues for Black, Alcoholic Clients," The Journal of Contemporary Social Work 70 (June 1989): 370-374.

⁸Cecile H. Edward, Ecological Model Prevention of Drug Use (Washington, D.C.: Ecology of Alcohol and Other Drug Use, 1987), 7, DHHS, ADM 90-1672.

it is still often maintained, that "an alcoholic is an alcoholic is an alcoholic" and thus should be subject to the same alcoholism policies, services and treatment approaches.⁹

Although all of us as human beings are similar in terms of our basic needs for physiological maintenance, safety, love, esteem and self development, we tend to differ across cultures and social groups in regard to our lifestyles, perceptions, values, attitudes, social habits and even genetic predisposition to certain diseases.¹⁰

There are similarities common to all alcoholics; there are also qualitative and quantitative differences among various groups of alcoholics - differences that should bear consideration in decisions concerning alcoholism treatment and research.¹¹

It has been found that Black skid row victims drink at a greater rate than their White counterparts. They are less knowledgeable of free services that are provided, evidently because their attendance rate is much lower than Whites.

⁹Frederick D. Harper, "Research and Treatment with Black Alcoholics," Alcohol and Research World Summer (1980): 23-30.

¹⁰A. Maslow, Motivation and Personality, 2nd ed., (New York: Harper & Row, 1970) 24.

¹¹Fredrick D. Harper, "Research and Treatment with Black Alcoholics," Alcohol Health and Research World Summer (1990): 10-16.

Blacks have a much higher arrest rate related to alcohol. Harper contends that all races cannot be treated the same for the simple fact that they are different.¹²

Black youths grow up in America in many instances confused. This confusion is largely because of their diverse culture. Mainstream America sometimes is quite different from the minority sub-culture.

Historically, alcohol among Blacks stems back a long way. Blacks became acculturated with alcohol during slavery as a way of coping and mentally escaping from the harsh realities of their everyday living.¹³ White slave owners felt that permitting slaves to drink allowed them something that they did not deserve. Slave owners felt that the slaves became indignant, belligerent and just plain uncontrollable because of alcohol use. They could not conceptualize that slaves' problems were much deeper. They could not understand that slaves were human and had feelings, and that this type of dehumanizing treatment tore the slaves up internally. Slave owners found it very difficult to understand that slaves had the same basic needs that all other humans had. The feeling of being dehumanized was ever so present to their everyday existence. Alcohol

¹²Ibid.

¹³Ibid.

was not the only cause of retaliation; it just added on to their steadily increasing everyday problems.

Despite this history of African Americans and alcohol, African American high school students have been reported as drinking less than Whites on the average. The idea that Blacks use alcohol more is based on the belief that Blacks grow up with more everyday problems. This type of thinking on the whole is flawed because it perpetuates the thinking that all Blacks are poor, undereducated, unemployed or underemployed and reside in housing projects. It is true that Blacks do face more problems due to overrepresentation of their population in these areas. But what these situations also provide is an individual who tends to have a better grip on reality versus fantasy. They understand what poverty is because they live amongst it. They understand what hunger is because they have been hungry. They understand not having a place to stay because they have been homeless. This type of lifestyle is reoccurring for them. This is why alcohol is a very important factor of their society. This is also why they do not protest the bulk of liquor stores residing in Black communities. Many of them believe that alcohol can temporarily sedate the stress of their ugly realities.

Many Blacks choose to drink because liquor stores and liquor dealers are readily accessible. It is very common to

find liquor stores in the residential neighborhoods of Black America, especially in large cities. These liquor stores are usually near churches, hospitals, schools, homes and parks. In other words, the liquor industry is a business institution that has become interwoven into the fabric of Black American life.

As Blacks evolve into adulthood, many of them, particularly males, drink heavily mainly because of economic frustrations. They find it more difficult each and everyday to feel like a respectable man in a White male oriented society. The lack of having money and the threat of being powerless are two of the leading causes for Black males' excessive drinking.

There is little literature to indicate why a slight majority of Black women are nondrinkers, but some explanations that are given include: (1) family responsibility and responsibility for keeping men out of trouble (2) parental and religious teaching that "nice ladies don't drink," (3) dislike of the bitter dry taste of various alcoholic beverages and (4) lack of access to liquor because of the tendency to stay home.¹⁴

Those Black women who do drink heavily are likely to have men who encourage them to drink heavily or are likely to pursue a more active social life where frequent and heavy

¹⁴Ibid.

drinking is expected. There is also a smaller group of Black women who drink heavily because of psychological reasons such as loneliness, lack of hope and personal misfortune.¹⁵

Social factors such as peer pressure, living conditions, school status and drug availability strongly influence patterns of drinking across ethnic groups. For adolescent ethnic groups that have minority status, it is expected that the use of alcohol should be excessive because of prejudices which cause much frustration and stress to arise.¹⁶

As earlier stated, contrary to popular thought, Black high school students do not drink as much as White high school students. Blacks also have fewer alcohol related problems.¹⁷ One plausible explanation for this difference among the group of high school students studied is that certain ethnic groups have more money to spend on drugs than

¹⁵Ibid.

¹⁶D. Cahalan and R. Room, Problem Drinking Among American Men, (New Brunswick, New Jersey, Rutgers Center of Alcohol Studies, 1974), Rutgers Center of Alcohol Studies Monograph No. 7.

¹⁷John W. Welte and Grace M. Barnes, "Alcohol use Among Adolescent Minority Groups," Journal of Studies on Alcohol, 48 (1987): 329-336.

others.¹⁸ In other words, perhaps White high school students experience greater use because they have more money to purchase alcohol and other drugs.¹⁹ Cigarettes represent the licit drug wherein Blacks show the highest usage rate. Yet they still exhibit the lowest usage rate of all other drugs in comparison to Whites.²⁰

By the time Blacks reach the age of twenty, they begin to experience alcohol related problems at a more rapid pace than their White counterparts. They experience more pressures from the work world, society and family members. This is not to say that Whites do not experience the same type of stress; they do, but with less intensity and with more accessible facilities geared to help with these types of problems.

An Historical Account: Illicit Drugs and Blacks

The mass media and some public officials claim that the war against drugs is being won. Perhaps that is so, but mostly in the middle class. Black young people who reside

¹⁸E. Maddahian, Michael Newcomb and P. M. Bentler, "Adolescent Substance Use: Impact on Ethnicity Income and Availability," Alcohol and Substance Abuse in Women and Children, 5 (1986): 63-78.

¹⁹Ibid.

²⁰Ibid.

in the economically strained households are often raised in families who are abusing drugs.

Illicit drugs are a growing concern for the United States today. Almost all drug use begins in the pre-teen and teenage years. These years are few in the total life cycle, but critical in the maturation process. During these years they face the difficult tasks of discovering their identity, discovering their sexual roles, asserting their independence, learning to cope with authority, and searching for goals that will give their lives meaning. During this intense period of growth, conflict is inevitable and the temptation to use drugs is great. Drugs are readily available and adolescents are curious and vulnerable. High school students are consistently pressuring each other to experiment. There is the temptation to escape from conflicts.²¹ The two drugs that are of most concern are marijuana and cocaine.²²

Marijuana

Marijuana is a popular name for the dried flowering leaves of Cannabis Sativa. In the United States, the term

²¹Miriam Cohen, foreword to Encyclopedia of Psychoactive Drugs, by Gwen Jones (New York: Chelsa House of Publication, 1988), 9.

²²Richard Dembo, Linda Williams and James Schmeidler, "Drug Abuse among Juvenile Detainees," The Annals of the American Academy 521 (May 1992): 28-41.

marijuana means any part of or any extracts from the female plants.²³ After the traditional gateway drugs, marijuana (which is the gateway drug of the illicit drugs) is one of the most popular drugs used. Marijuana is so popular in the U.S. because it is more socially accepted than any other illicit drugs. Some have even considered this type of behavior normative.²⁴

At an early age, overburdened and underresourced public facilities are realized to be a normal part of life by Blacks. Blacks are found to progress directly from marijuana to other illicit drugs.²⁵

Blacks realize at an early age that a lot of situations are to their disadvantage. Early in age they understand what it means to be over-burdened. They understand that public facilities are often underresourced and accept it as a normal part of their everyday life. So it is not so difficult for them to be accepting of drugs as an "alleviator" for such harsh conditions. Blacks generally progress from marijuana to other illicit drugs. According to researchers, poor Blacks (family of 5 and annual earnings

²³Stedman's Medical Dictionary, 24th ed., (Maryland: Williams and Wilkins Publishing Co., 1982), 1037.

²⁴Bruce D. Johnson, Marijuana Users and Drug Subcultures, (New York: Wiley Publishers, 1973).

²⁵Ibid.

of \$10,000 and below) have a much higher rate of using marijuana.²⁶

The first outbreak of marijuana use was in the late 1960's. One of the legacies of the social upheaval of the 1960's is that psychoactive drugs have become part of the mainstream of American life. Schools, homes and communities cannot be "drug proof." There is a demand for drugs and the supply is plentiful. Social norms have changed and drugs are not only available but are everywhere.²⁷ Marijuana use in the late 1960's was characterized as deviant and carried a counter cultural and rebellious meaning. At this time, few young people experimented with illicit drugs. In 1967, only five percent reported elongated use.²⁸

According to the 1985 National Household Survey, lifetime marijuana use was similar among Black and Latino youths (19.4 percent and 19.6 percent respectively), but higher among Whites (24.8 percent). For current (past month) use, the percentages were 8.2 percent of Black youths, 9.1 percent of Hispanic youths, and 13.0 percent of

²⁶Richard Dembo, Linda Williams and James Schmeidler, "Drug Abuse among Juvenile Detainees, " The Annals of the American Academy 521 (May 1992): 28-41.

²⁷Miriam Cohen, foreword to Encyclopedia of Psychoactive Drugs, by Gwen Jones, (New York: Chelsa House of Publication, 1988), 9.

²⁸Bruce D. Johnson, Marijuana Users and Drug Subcultures, (New York: Wiley Publishers, 1973).

White youths.²⁹ Blacks have the second lowest usage rate for 9th and 11th grade students.³⁰

A small survey in the Midwest found that 77 percent of the sample of Black students had never or seldom used marijuana, with the remainder reporting marijuana use for once or twice a month to often each day.³¹ Among seventh graders in St. Paul, Minnesota. Blacks were twice as likely as Whites to report marijuana use in the past month (1.9 percent vs 4.6 percent). Black females were more likely than Whites to use marijuana if their mothers held white-collar jobs. Black males were less likely to use marijuana if their mother did not hold white-collar jobs.³²

²⁹National Institute on Drug Abuse, National Household Survey on Drug Abuse: Main Findings, 1985 (Washington, D.C.: U.S. Department of Health and Human Services, 1988) DHHS, ADM 18-1565.

³⁰Rodney Skager, Dennis Fisher and Ebrahim Maddahian, A Statewide Survey of Drug and Alcohol Use Among California Students in Grade 7, 9, 11, Report presented at the Office of Attorney to Attorney General John K. Van de Kemp, Sacramento, California, Winter 1985-1986.

³¹Bobbie J. Atkins, Michael Klein and Bertha Mosley, "Black Adolescents' Attitudes toward and use of Alcohol and Other Drugs," International Journal of the Addictions 28 (1988): 1201-1211.

³²David M. Murray, Cheryl L. Perry, Catherine O'Connell and Linda Schmid, "Seventh-grade Cigarette Alcohol and Marijuana Use: Distribution in a North Central U. S. Metropolitan Population," International Journal of Addictions 22 (1987): 357-376.

A sample of respondents in the San Diego Job Corp reported that 38.9 percent of Blacks regularly used marijuana, compared with 53.3 percent of Whites.³³ A substantial proportion of Black students used marijuana before beginning alcohol use. Thus, among Black marijuana users, 24 percent did not use alcohol, in contrast to only 4 percent of White marijuana users. Among males, simultaneous use was reported by 9 percent of Blacks and 20 percent of Whites; among females, the figures were 7 percent and 17 percent respectively.³⁴

Contrary to popular stereotypes that drug use is pervasive among Blacks and that there is early and widespread initiation to heavy use patterns, drug use is lower among Black adolescents than among Whites. Black youths have generally been found to have lower levels of substance use than other youths. This should not minimize the problem because given the conditions that many Blacks live in, even moderate levels of this may be more damaging for them than White youths. Any type of drug use increases the chance of problems that are usually found in the Black

³³Maria C. Morgan, Deborah L. Wingard and Marianne E. Felice, "Subcultural Differences in Alcohol Use Among Youth," Journal of Adolescent Health Care 5 (1984): 191-195.

³⁴Michael G. Pendergrast, "Substance Abuse Among Black Youth," Prevention Update, 4 (Fall 1984): 23-27.

communities, such as inadequate housing, high school drop out rates and crime.³⁵

Cocaine

Even though drug use is on the decline, cocaine is steadily on the rise. Cocaine is very potent and can be addicting after a single use.

Cocaine was introduced publicly to the United States in the 1880's with no restrictions. Drug usage spread rapidly by the turn of the twentieth century, followed by a powerful public repression of cocaine which was so stressful that its significant use faded away.³⁶

Drug use results were shown to be extraordinarily damaging to individuals, families and communities after extensive and lengthy use in our society. Cocaine's availability in this society is very high. This drug circulates through communities like a virus goes through an infected organism. It attacks everybody and leaves no one unharmed. Yet, the Black community seems to be affected more harshly than the general population. Black victims are appearing in growing numbers. This is so in part, because

³⁵Patrick R. Clifford and Woodrow Jones Jr., "Alcohol Abuse Prevention Issues and the Black Community," Evaluation and the Health Professions 11 (1988): 272-277.

³⁶David Musto, The Second Cocaine Epidemic (Washington, D.C.: Ecology of Alcohol and Other Drug Use, 1987), 7, DHHS, ADM 90-1672.

Blacks lack the same financial resources as do Whites. Whites have the money needed to provide adequate aid; also information and knowledge are more available to them.³⁷ The first battle against cocaine ended victoriously around the time of World War I. By the 1950's, there were very few problems with the use of cocaine and there had not been one for quite a while. No national campaign was needed to be waged to warn children about cocaine for there was apparently no cocaine about which to be warned. The motion picture industry, with government approval, maintained a policy of forbidding the presentation of drug use on the screen. New generations coming along had neither seen nor heard about cocaine.³⁸ Our society was losing its "acquired immunity" against addiction to this drug, and we became as vulnerable to cocaine's deceptive lure as we would be susceptible to diphtheria without antibodies to it.³⁹

Abundant supplies of cocaine did not become commercially available until just over a hundred years ago. The pharmaceutical manufacturers who produced cocaine in large amounts advertised and distributed the product internationally. In other places this drug automatically fell under the provisions of pharmacy laws which limited

³⁷Ibid.

³⁸Ibid.

³⁹Ibid., 10.

excessive distribution of this drug. The United States, however had no drug law restriction, nor did they have any effective control over importation and exportation of drugs. Cocaine could be sold in any amount to anyone. Availability of this drug appeared to harm no one and supposedly entailed many good and no bad effects.⁴⁰

The United States was readily accessible for the drug because of the separation of powers in the Constitution. The United States had control over the police that regulated drugs and the practice of physicians. The laws that did exist were ineffective and posed little to no control across the state lines. The Federal Government could tax the interstate commerce but did nothing to invoke control or prohibit opiates and cocaine. America allowed cocaine to freely exist without any type of hassle.⁴¹

Cocoa leaves and alcoholic extract were popular immediately before the cocaine epidemic occurred. In 1877, Dr. Archie Stockwell had been experimenting with cocoa leaves and discovered this phenomenal drug. The good and potential good was brought about and the bad was minimized. Less than a decade later, purified cocaine was put on the

⁴⁰Ibid.

⁴¹Ibid.

market and led to the uprising of one of the best drugs ever to be discovered.⁴²

Americans accepted the drug eagerly. Parke-Davis created diversity in the way it was provided. Cocaine could be bought as fluid extract of cocoa, wine of cocoa, cordial cocoa, cocoa cheroots, cocoa cigarettes, cocaine inhalant, cocaine salve, cocaine for injection and just plain cocaine. It was purchased by athletes to boost their skills and hay fever sufferers inhaled it to reduce inflammation of nasal passages. Employers even claimed to have higher productivity level from their employees.⁴³

During the 1880's, cocaine use spread throughout the American society. It was used to get rid of headaches and was the proposed cure for alcoholism. Cocaine was also proliferated in beverages, such as Coca Cola. Coca Cola was used as a brain and nerve tonic. Whenever a person got tired, Coca Cola was the suggested antidote to be used.⁴⁴ Cocaine's image began to tarnish in the 1890's, about a decade after its astounding emergence. Except for its limited medical use, cocaine had no use. By World War I,

⁴²Ibid.

⁴³Ibid.

⁴⁴Ibid.

the image was no longer positive. It experienced a complete turnaround. It was now the most hated drug ever.⁴⁵

President Theodore Roosevelt described cocaine as being out of control. A government official reported that cocaine in most cases jeopardized the lives of many. The United States began a campaign for a cease to all cocaine trading. In trying to overcome all congressional opposition from the federal government, the United States emphasized the regulation of cocaine use for Blacks. In 1903, a White prominent businessman was quoted as saying many of the horrible crimes committed in the southern states were committed by Colored people and could be traced directly to the cocaine habit. From that point on, the most terrifying conclusion seemed to be a reality. Cocaine for some reason caused violence and this frightened many people, especially White people. Whites were more afraid of Blacks because they were out of control. Whites were totally unprepared for this situation.⁴⁶

There is no evidence that Blacks used more cocaine on the average than Whites in the South. In fact, evidence has shown that more Whites used it. During the time of World War I, there was no reason to question the legitimacy of Blacks using cocaine more. In the minds of many Whites and

⁴⁵Ibid.

⁴⁶Ibid.

also many Blacks, Blacks represented many negative aspects of life. As such, the thought of reputing the theory of Blacks using cocaine more never even crossed their mind. The only thing that this did was add another dimension to their already demented lives and helped them maintain a repressive state. For Southern Whites, this was a plus.⁴⁷

The results of NIDA's 1985 National Household Survey indicated that 2.9 percent of Black youths reported having used cocaine at least once, compared with 5.1 percent for Whites. Use of cocaine at least once was reported by 1.0 percent of Blacks, 1.5 percent of Whites.⁴⁸ In the survey of California secondary students, Blacks in the 9th grade had the lowest level of cocaine use. Among the subjects who drank in the San Diego Job Corp sample, the percentage for regular use of cocaine for Blacks fell below that for Whites.⁴⁹

⁴⁷Ibid.

⁴⁸National Institute on Drug Abuse, National Household Survey on Drug Abuse: Main Findings, 1985 (Washington, D.C.: U.S. Department of Health and Human Services, 1988), DHHS, ADM 18-1565.

⁴⁹Rodney Skager, Dennis Fisher and Ebrahim Maddahian, A Statewide Survey of Drug and Alcohol Use Among California Students in Grade 7, 9, 11, Report presented at the Office of Attorney to Attorney General John K. Van de Kemp, (Sacramento, California, Winter 1985-1986), 12.

Drug Culture and Its Effect on Blacks

As the producer of psychopathic environment, the emerging drug culture is one that emphasizes immediate gratification, a sense of hedonistic pleasure and lack of concern for others. For individuals and families involved in the pursuit of drugs by any means necessary to sustain the drug-taking lifestyle, drugs become the central life interest and the primary determinant of all social relations.⁵⁰

The impact of the drug culture is so strongly embedded within youth today that parents feel the need to come up with an alternative measure that provides the same type of immediate gratification and material possessions to participants of the drug culture. The glamour, glitter and material possessions of the dealer serve as a powerful magnet, seductively enticing more and more youth to enter the web of self-destructive behavior. The drug dealer emerges as model of someone who has been able to create an alternative economic activity that gives him or her the material vestiges of power. In the presence of high levels of unemployment, limited education attainment and the adoption of a materialistic value orientation, drug dealing

⁵⁰Wade Nobles, Family, Cultural and Environmental Risk Factors Related to Alcohol and Other Drug Use Among Black Youth at High Risk (Oakland, Ca.: Institute for the Advanced Study of Black Family Life and Culture, 1987), DHHS, ADM 90-1672.

and drug-related activity emerge as a viable economic enterprise for urban Black youth. There is a conflict of values concerning drugs. Drug use and trafficking are clearly illegal but in many instances provide the essentials needed for survival. In a lot of cases, drug-dealing benefits not only a few people, but the whole family. There are many households where the drug dealer is the sole provider.⁵¹

When there are questions of whether or not the drug dealers have any redeeming value, some respondents indicated that they thought the drug dealers helped their families. In actuality, this is one of the contradictions of the drug business. Given the high rates of unemployment and the continuation of oppression in the Black community, some families literally have to turn their eyes away from the fact that their child is involved in the drug business because they benefit economically from the resources that the child is providing to the family. This complex issue on one hand can be discussed as pathology, and on the other hand, as an economic necessity. This is a critical issue that needs to be addressed.⁵²

Another point that the drug dealers live by is "to trust no one." In fact, the survival and the necessities of

⁵¹Ibid.

⁵²Ibid.

the drug business dictate that one operates in a value system that is based in selfishness, materialism, extreme gratification, distrust and lack of family or community orientation. Ultimately one's sense of worth is equated with quantity not quality.⁵³

There have been a few studies conducted on the effects of drug trafficking and other drug related activities on Black communities. One was conducted by Wade Nobles and associates in 1987. In 1986-1987, they interviewed 234 adults and 221 young people (average age 14.5 years) in Oakland, California. They asked questions about their perceptions of drug problems in their community. Responses indicated that 85 percent knew what drugs were being sold on the streets, 71 percent had seen someone they knew taking drugs, 86 percent were aware of drug related activities in their neighborhood and 91 percent of these witnessed it daily, and 66 percent believed that youths were attracted to the drug lifestyle. Adults and children who were more aware of drug activity in their neighborhood also reported more symptoms of psychological stress and trauma. Throughout the community, there was both a sense of fear, hopelessness and powerlessness in the face of drug trafficking and a deep concern that children were internalizing the values, rules and attitudes of the drug culture rather than those of Black

⁵³Ibid.

culture. The major conclusion of the study was that the drug culture in Oakland had become a major threat to the Black family and to the survival of traditional Black values. This study emphasizes the fact that illicit drug use in urban centers is not merely a problem for individual drug users; it also adversely affects the ability of the entire community to function and deal with its other problems.⁵⁴

There have been several studies examining the linkage between family, peer pressures and other factors on drug use exclusively using Black respondents. One study surveyed adolescents in Metro Chicago. The researchers found that females with low family bonds were four times more likely to use alcohol and two times more likely to use marijuana than females with high family bonds. For teenage males, the association between family bonds and substance use was weak. The association between high peer bonds in adolescence and substance use was significant for males but not for females.⁵⁵

⁵⁴Wade Nobles, Family, Cultural and Environmental Risk Factors Related to Alcohol and Other Drug Use Among Black Youth at High Risk (Oakland, Ca.: Institute for the Advanced Study of Black Family Life and Culture, 1987), DHHS, ADM 90-1672.

⁵⁵M.E. Ensminger, C.H. Brown and S. G. Kellam, "Sex Differences in Antecedents of Substance Use Among Adolescent," Journal of Social Issues, 38(1982): 25-42.

Preliminary results from a longitudinal study of young Black urban males show that the majority of subjects, school dropouts (average age 17), indulged heavily in some sort of drugs and started at early ages. Lack of a father in the home when growing up was a significant predictor of hard drug use, but not of marijuana or alcohol use. Low parental support predicted alcohol use but not marijuana or hard drug use.⁵⁶

The third is a survey of a nonrandom sample of Black adolescents attending recreation centers in Washington, D.C. The researcher of that study found that even though 52 percent of the respondents said that half or more of their friends drank, only 11 percent indicated that friends had frequently pressured them to drink, while over half (58 percent) said that friends had never tried to influence their drinking.⁵⁷ While the influence of friends on respondents' drinking appeared to be weak within this sample, it, along with several other factors, was significantly correlated with getting "high". That is, young people who reported getting high frequently were also

⁵⁶Kenneth I. Maton and Marc A. Zimmermann, "Psychosocial Predictors of Substance Use Among Black Male Adolescents," (Unpublished Paper, Cross-sectional and prospective analysis, 1989), 12.

⁵⁷Marvin P. Dawkins, "Social Correlates of Alcohol and Other Drug Use Among Youthful Blacks in an Urban Setting," Journal and Drug Education, 32 (1986): 15-28.

likely to report that they drank with partners on weekends, on holidays and at night. They were also more likely to have their father's approval of their drinking, to have been given their first drink by their parents and to have had an early age onset of drinking and of heavy drinking.⁵⁸

⁵⁸Ibid.

CHAPTER III

METHODOLOGY

Research Design

The data used for this study were extracted from compilations conducted by the National Parents' Resource Institute for Drug Education (PRIDE). PRIDE summarized surveys administered to sixth to twelfth graders from 40 different states. However, included in this study are ninth to twelfth graders only. Schools included were part of a systematic random sample. These schools were sent explicit directions, ensuring anonymity. The questionnaires were done voluntarily in compliance with school districts or state requests. The sample population was selected from a database of 790,628. To reduce over sampling in some states (such as Florida, Georgia, Kentucky, Louisiana, Tennessee, and Virginia), limits were established on the amounts of surveys that could represent each state. The final sample was 236,745. Since this study was only concerned with ninth through twelfth graders, 57.1 percent of the population resulted in the data utilized. Therefore, the actual sample size is 135,276.

The PRIDE questionnaire was comprised of questions on ten types of drugs. The drug types include cigarettes, beer, wine coolers, liquors, other alcohol, marijuana, cocaine, uppers, downers, inhalants and hallucinogens. The drug categories used for this study include cigarettes, marijuana, cocaine, and a collapsed category labeled "alcoholic beverages" which included a combination of beer, wine coolers, liquors and other types of alcohol. The survey asked two questions. The first question asked, "Have you used any of these drugs at least once in the past year?" The second question asked "Have you used any of these drugs in the past month at least once?" These questions were asked for all of the drug categories for each grade level.

Data Analysis

Table 1 shows that there has been an increase in cigarette smoking of 0.7 percent in school year 1991-1992. Cigarette smoking rose in school year 1990-1991 from 35.2 percent to 38.4 percent with an increase of 3.0 percent.

TABLE 1
OVERALL CIGARETTE USE FOR HIGH SCHOOL STUDENTS
IN FORTY SELECTED STATES

School Year	Used Drugs (in %)
1989-1990.....	38.0
1990-1991.....	35.2
1991-1992.....	37.7
1992-1993.....	38.4

Table 2 illustrates a slight decrease in the collapsed category of alcohol from 1990-1991 to the 1992-1993 school year. It fell from 56.6 percent to 55.7 percent, a drop of 1.1 percent.

TABLE 2
OVERALL ALCOHOL* USE FOR HIGH SCHOOL STUDENTS
IN FORTY SELECTED STATES

School Year	Used Drugs (in %)
1989-1990.....	59.0
1990-1991.....	56.8
1991-1992.....	56.8
1992-1993.....	55.7

*collapsed category

Table 3 shows a decline of marijuana in school year 1989-1990 through school year 1991-1992, however an increase occurred in 1992-1993.

TABLE 3
OVERALL MARIJUANA USE FOR HIGH SCHOOL STUDENTS
IN FORTY SELECTED STATES

School Year	Used Drugs (in %)
1989-1990.....	19.1
1990-1991.....	16.9
1991-1992.....	16.4
1992-1993.....	19.0

Table 4 shows little change with respect to cocaine. The range was a low of 3.3 for the 1991-1992 school year to a high of 4.0 in 1989-1990.

TABLE 4
OVERALL COCAINE USE FOR HIGH SCHOOL STUDENTS
IN FORTY SELECTED STATES

School Year	Used Drugs (in %)
1989-1990.....	4.0
1990-1991.....	3.4
1991-1992.....	3.3
1992-1993.....	3.4

Table 5 is gender and race specific for marijuana. Black females had the overall lowest usage rates. White females had the smallest increase. Black males had the

highest increase in use; it rose 5.8 percent. White males had the highest percentage use.

TABLE 5
COCAINE USE OF SELECTED HIGH SCHOOL STUDENTS
BY GENDER AND RACE

	1991-1992		1992-1993	
	Male	Female	Male	Female
WHITE	22.4	15.0	22.4	17.0
BLACK	13.2	5.6	19.0	9.7

Table 6 illustrates that alcohol seems to be the most popular drug. 59.3 percent of the students used alcohol in 1991-1992. The table also shows alcohol being the most popular drug used at 66.9 percent.

TABLE 6
PERCENTAGE OF STUDENTS USING DRUGS AT LEAST ONCE
IN THE 1991-1992 SCHOOL YEAR

Drug Category	All Students (%)	Seniors (%)
Cigarettes....	37.7	40.4
*Alcohol.....	59.3	66.9
Marijuana.....	16.4	21.6
Cocaine.....	3.3	4.2

*collapsed category

Table 7 illustrates that all drug usage rates rose when high school seniors were the only ones being surveyed from school year 1991-1992 to 1992-1993.

TABLE 7
PERCENTAGE OF HIGH SCHOOL STUDENTS USING DRUGS
AT LEAST ONCE IN THE 1992-1993 SCHOOL YEAR

Drug Category	All Students (%)	Seniors (%)
Cigarettes.....	38.4	42.2
*Alcohol.....	57.5	63.6
Marijuana.....	19.0	24.0
Cocaine.....	3.4	4.5

*collapsed category

Table 8 shows the monthly use of cigarettes, alcohol, marijuana and cocaine. Alcohol still remains as the most popular drug for high school students. Cigarette smoking increased 0.7 percent for the overall high schoolers, while it increased 1.6 percent for seniors.

TABLE 8

PERCENTAGE OF HIGH SCHOOL STUDENTS USING DRUGS AT LEAST
ONCE PER MONTH DURING IN THE 1991-1993 SCHOOL YEAR

Drug Category	All Students (%)	Seniors (%)
Cigarette.....	25.3	28.3
*Alcohol.....	30.4	36.9
Marijuana.....	9.2	11.8
Cocaine.....	2.0	2.4

*collapsed category

Table 9 shows the monthly use of cigarettes, alcohol, marijuana and cocaine in the 1992-1993 school year. Similar to Table 8, alcohol still remains as the most popular drug for high school students. Cigarette smoking increased 0.4 percent for the overall high schoolers, while it increased 1.6 percent for seniors.

Table 9

PERCENTAGE OF HIGH SCHOOL STUDENTS USING DRUGS AT LEAST
ONCE PER MONTH DURING THE 1992-1993 SCHOOL YEAR

Drug Category	All Students (%)	Seniors (%)
Cigarette.....	25.7	29.9
*Alcohol.....	29.2	35.9
Marijuana.....	11.3	14.6
Cocaine.....	2.1	2.6

*collapsed category

Yearly Drug Use

Alcohol use decreased overall in the 1991-1992 school year by 1.8 percent. For the category of high school seniors, alcohol decreased 3.3 percent.

Marijuana use rose from 16.4 percent in 1991-1992 to 19.0 percent in the 1992-1993 school year which represents a 2.6 percent increase. In the category of high school seniors, marijuana use rose from 21.6 percent to 25.0 percent which was a 3.2 percent increase.

Cocaine use rose from 3.3 percent in the 1991-1992 school year to 3.4 percent in 1992-1993, a 0.1 percent increase. For the high school senior category, cocaine use rose from 4.2 percent to 4.5 percent, a 0.3 percent increase.

Monthly Drug Use

Cigarette smoking increased from 25.5 percent in the 1991-1992 school year to 25.7 percent in the 1992-1993 school year, which was a 0.2 percent increase. For high school seniors, cigarette smoking rose from 28.3 percent in 1991-1992 to 29.9 percent in 1992-1993, a moderate increase of 1.6 percent.

Alcohol use decreased from the 1991-1992 school year from 30.4 percent to 29.4 percent in 1992-1993, a 1.2 percent decrease. For high school seniors, alcohol use decreased from 36.9 percent in 1991-1992 to 35.9 percent in 1992-1993, a 1.0 percent decrease.

Marijuana use in the 1991-1992 school year for high school students increased from 9.2 percent to 11.3 percent; this represents a 2.1 percent increase. For high school seniors, marijuana use rose from 11.8 percent to 14.6 percent, a 2.8 percent increase.

Cocaine use in the 1991-1992 school year rose from 2.0 percent to 2.1 percent in the 1992-1993 school year, a 0.1 percent increase. For high school seniors, cocaine use rose from 2.4 percent in the 1991-1992 school year to 2.8 percent in 1992-1993, an increase of 0.4 percent.

Discussion

According to data compiled by PRIDE, student drug use is not on the decline. In many cases it is rapidly increasing. The president of PRIDE, Dr. Thomas J. Gleaton, suggests that this signals an end of a cycle of decreasing drug use and the beginning of an increase in drug use and dependence.

Overall, the only significant increase was with marijuana use. It has been found that African American

high school students use less marijuana than their White counterparts, but the gap is steadily closing. Cocaine use basically remained the same. High school students also showed a significant increase in cigarette use.

Reasons given for the large increase in marijuana use include that it is very accessible and that students feel that it poses little threat or no harm to the body. In light of these reasons, it is likely that the increase in marijuana use will be sustained by a significant number of high school students.

CHAPTER IV

CONCLUSIONS: IMPLICATIONS AND RECOMMENDATIONS

If programming against drugs began before youth left home or dropped out of school, they, the family and educational system would have a better handle on the administration and monitoring of intervention programs. Intervention is one of the most important aspects for those attempting to design programs geared towards drug users. There are other critical issues that need to be addressed; things such as delinquency and school failure; programmatic needs the youth and their families might have; and effective intervention strategies in altering the behaviors of high risk youth.¹

Intensive efforts must specifically be made to help reduce drug problems among youths, especially Black youth. Some suggest that this could be done by developing skills and knowledge for day-to-day living. Accordingly, the following areas need immediate attention: the development of clear values, emotional coping skills, alternative communication skills, and alternatives to the use of drugs.

¹Peter W. Greenwood, "Substance Abuse Among High Risk and Potential Interventions," Crime and Delinquency 38 (1992): 444-458.

It is vital that people are taught how to handle stress so that their need to seek a chemical to help alleviate the stress sometimes experienced is reduced.²

Several intervention techniques have been implemented and have proved to be useful when working with drug addicts. First, persons working with addicts need to make sure that they are clear and factual when confronting users. Next, a workable rapport must be established and serious concern must be shown for their addictions as a chronic disease. It must be understood that people cannot cease drug usage abruptly because the whole homeostasis of the body has changed and their bodies are very desirous of the drug. People caring for drug abusers must offer them hope. They must be strong and not easily intimidated. Preparation for reactions of denial and anger are a must. Caregivers cannot and must not back down or argue with denial because the user is not very rational at that very moment. The caregivers must not be reproachful, induce guilt, or predict disaster to add to the addict's fear. Caregivers also should not invite a confession or expect addicts to write one because it is almost guaranteed that the addicts will not. Instead, caregivers should be stern and prove to the addicts that

²Ibid.

they can change their behavior and be a viable member of mainstream society.³

Implications

There are many preventive measures that people need to thoroughly understand in order for them to be useful. Parents are the primary focus when researchers speak about helpers for at-risk teenagers. Some helpful advice that parents can take in helping their youth are as follows. First parents must not tolerate drug usage. If there is a close relative that abuses drugs and the children are close to them, the children need to know that this type of behavior is totally unacceptable. The more hyperactive the children, the more prone they are to indulge in drugs. Children should be taught to internalize positive moral beliefs. Communication is also a must. Adolescents should have very little idle time on their hands. The most important point of them all is that parents need to know what the signs are when a child is suffering from drug problems.⁴

³Beny J. Primm, Implications of Alcohol and Other Drug use for Black America (Washington, D.C.: Ecology of Alcohol and Other Drug Use, 1987), 7, DHHS, ADM 90-1672.

⁴Susan Melhan, Prevention Models for Black Youth at High Risk: Family and Religion (Washington D.C.: Ecology of Alcohol and Drug Use, 1987), 7, DHHS, ADM 90-1672.

It is generally accepted that the best way for intervention to work is for it to be a group effort. There is a big need for it to be a cooperative measure. Intervention works better in conjunction with people who have positive reinforcers right by their side when they need them.

Recommendations

The Black community needs to take a firm stance in fighting drugs in its neighborhoods. For example, in many instances, drop sites for drugs are located in cities, often near drug treatment programs. The community must band together and get rid of certain areas in order to prevent them from becoming future drug havens. In the same vein, there must be gravitation towards helping Black role models (athletes and movie stars) to be more sensitized and understanding toward the types of commercial advertizing that have a tremendous impact on Black youth. If they fully understood the severity of this particular problem and the influence on youngsters, maybe there would be a greater effort to change the direction of emphasis in advertisement. Perhaps, they would stop participating in alcohol and cigarette commercials and billboards completely.

Preventive measures must be implemented immediately in order for the diminishing hold not to totally disappear

between the fight for African American youth and drug abuse. The first one proposes that there should be programs that offer monetary compensation to compete with money generated from outside sources. The second one proposes that summer jobs should be extended throughout the year. The third one proposes that incentives should be offered to draw youth into various programs. The fourth one proposes that career options should be identified for high school. The fifth one proposes that early identification of children with problems in school should be made. The sixth one proposes that profiles of children should be developed as preventive materials. The seventh and final, proposes that alternative methods should be explored including family strategies, child rearing strategies, parent programs and neighborhood and people organized procedures.⁵

Parents must work with their children early in life. They should not wait until their children are teenagers. This teamwork approach to education would offer exciting new opportunities and marshal the efficient and inexpensive support of the people who have greatest influence on the lives of children, their parents. Regardless of economic status, educational level, or cultural background, efforts to prevent drug use must be mounted in the setting in which

⁵Beny J. Primm, Implications of Alcohol and Other Drug Use for Black America (Washington, D.C.: Ecology of Alcohol and Other Drug Use, 1987), 7, DHHS, ADM 90-1672.

the child is reared in the home. The number of crimes committed by drug users is growing. Careful consideration should be shown for the domains of high school students' health (in particular physical, social, psychological and personal). Problems linked with social health and physical health include delinquent behavior, poor school performance and interpersonal difficulties. Psychological health problems might include a sense of dependency, reduced self-esteem, and a sense of external control and apathy. Under personal health, a number of items are relevant, including restricted exploration of opportunities for growth. According to Primm, if we are to change the 150 point disparity between African American and Caucasian SAT scores, we must change the addiction to drugs to an addiction to learning.⁶ Similarly, if we are to prevent drug use among African American high school students, parents must start with their children, well before they enter into high school.

Black youth need to understand how drugs are exterminating their race. Parents need to make themselves available for their children, if any questions arise. Teachers, ministers and the media also need to take responsibility in the education of the young. If nothing is

⁶Ibid.

done toward the direction of education, there is little hope for the African American race to survive.

Understanding the etiology of drug addiction is crucial to framing prevention programs as well as to providing focus and direction for clinical intervention once addiction has occurred.⁷ When implementing any type of preventive measures for African Americans, there must be an established identity and culture must be re-established for the younger youth.⁸ As stated in the previous chapter, all alcoholics are not the same, therefore not all drug addicts are the same. Persons who implement preventive measures need to be mindful of cultural differences.

Summary

Contrary to information found in the literature review, pressure of parents is concluded to be the most forcible element that can change ideals that were previously imbedded in them. The need to belong and "fit in" is so overwhelming that any outside forces that contradict this need loses its validity. Also, drugs are no longer on the decline. Drug use, particularly marijuana use increased 147 percent from

⁷Creigs Beverly, "Treatment Issues for Black, Alcoholic Clients," Social Casework: The Journal of Contemporary Social Work 70 (June 1989): 370-374.

⁸Amuleru Marshall, Preventive Models for Black Youth at High Risk: Family and Religion (Washington D.C.: Ecology of Alcohol and Drug Abuse, 1987), 7, DHHS, ADM 90-1672.

1992-1993. The single most important reason for this increase is that Black high school students feel that marijuana is not harmful. They do not see a need to be concerned with its physical effects. High school students who believe that marijuana use causes harm to the body, believe it to do so to a minimal degree. They believe that the effects are so minimal that there is no need to worry. Students do not understand why doctors and other health professionals are making such a big commotion. It is evident that there is a major need for education on preventive efforts.

The church plays a large role for the development of strong family bonds. Spirituality has helped people of African descent through of a lot of complicated situations. The bonds of spiritual faith have historically led Blacks through many challenging situations. The recognition of church in the Black family is a strength that has lasted throughout countless generations. According to Hill, a strong religious orientation is one of five specific strengths within the Black family.⁹

Educating the Black community on prevention and recommendations related to substance use and abuse is pertinent to their survival. If drugs are discouraged via

⁹Robert B. Hill. The Strengths of Black Families (New York: National Urban League, 1972) 10.

the tools discussed in this chapter, even with the pressures from peers, there can be a major improvement in living conditions, high school attendance rates, crime rates, and mortality rates within the Black community.

BIBLIOGRAPHY

- Atkins, Bobbie J., Michael Klein and Bertha Mosley. "Black Adolescents' Attitudes Toward and Use of Alcohol and Other Drugs." International Journal of the Addictions. 23 (1985): 1201-1211.
- Brisbane, Frances Larry. "Using contemporary Fiction with Black Children and Adolescents in Alcoholism Treatment." Alcoholism Treatment Quarterly. 2(1985): 179-187.
- Brisbane, Frances Larry. "Alcoholism From Many Perspectives." Social Casework. 70 (June 1989): 323-324.
- Brisbane, Frances Larry. "Causers and Consequences of Alcohol Use Among Black Youth." Journal of Afro-American Issue. 4 (1976): 241-254.
- Buloski, William J. "School-Based Substance Abuse Prevention: A Review of Program Research." Journal of Children in Contemporary Society. 18 (1990): 95-116.
- Cahalan, D. and R. Room. Problem Drinking Among American Men. New Brunswick, New Jersey: Rutgers Center of Alcohol Studies, No.7.
- Clifford, Patrick R. and Woodrow Jones Jr. "Alcohol Abuse Prevention issues and the Black Community." Evaluation and the Health Professions. 11 (1988): 272-277.
- Cockerham, William. Medical Sociology. 5th ed. Englewood California: Prentice Hall, 1992.
- Cohen, Miriam. Foreword to Encyclopedia of Psychoactive Drugs. Gwen Johnson. New York: Chelsea House of Publication, 1988.
- Coser, Lewis A. Masters of Sociological Thought. 2nd ed. New York: Harcourt Bruce Jovanovich, Publishers, 1977.
- Crawford, G.A., M.C. Washington and E.C. Senay. "Early Life-style Differences Among Black Male Heroine Addicts and Their Non-addicted and Friends." American Journal of Drug and Alcohol Abuse. 7 (1980): 193-210.
- Creigs, Beverly. "Treatment issues for Black Alcoholic Clients." Social Casework. 70 (June 1989): 370-374.

- Davis, M.E. Church-Based Programming: A Fertile Base for Prevention. Paper presented at the First National Conference on Drug and Alcohol Prevention, Arlington, Virginia, 1986.
- Dawkins, Marvin P. "Social Correlates of Alcohol and Other Drug Use Among Youthful Blacks in an Urban Setting." Journal of Drug Education. 32 (1986): 15-28.
- Dembo, Richard, Linda Williams and James Schmeidler. "Drug Abuse Among Juvenile Detainees." The Annals of the American Academy. 521 (May 1992): 28-41.
- Edward, Cecile H. Ecological Model Prevention of Drug Use. Washington D.C.: Ecology of Alcohol and Other Drug Use, 1987. DHHS, ADM 90-1672.
- Ellickson, Phyllis L. and Robert M. Bell. "Preventing Drug Use Among Young Adolescents." The Education Digest. (November 1990): 63-67.
- Elliot, Delbert S. and Harwin L. Voss. Delinquency and Dropouts. Lexington, MA: D.C. Heath, 1974.
- Ensminger, M.E., C.H. Brown and S.G. Coelum. "Sex Differences in Antecedents of Substance Use Among Adolescent." Journal of Social Issues. 38 (1992): 25-42.
- Fairchild, Henry Pratt, ed. Dictionary of Sociology. Ames, Iowa: Littlefield, Adams and Company, 1981.
- Greenwood, Peter W. "Substance Abuse Among High Risk and Potential Interventions," Crime and Delinquency. 38 (1992): 444-458.
- Harper, Frederick d. "Research and Treatment with Black Alcoholic." Alcohol and Research World. Summer (1980): 10-16.
- Hill, Robert B. The Strategy of Black Families. New York: National Urban League, 1972.
- Huizinger, Rolf Lober and Terence Thornbery. Urban Delinquency and Substance Abuse: Technical Reports. vols 1 and vols 2, Appendices. Washington D.C.: U.S. Department of Justice, 1990.

- Jessor, Richard and Shirley Jessor. Problem Behavior and Psychological Development: A longitudinal Study of Youth. New York: Academic Press, 1977.
- Johnson, Bruce D. Marijuana Users and Drug Subcultures. New York: Wiley Publishers, 1973.
- Johnston, Lloyd D., Patrick M. O'Malley and Gerald M. Bachman. "Drug Use Among American High School Seniors, College and Young Adults, 1975-1990." National Institute on Drug Abuse. Washington D.C. (1991).
- Julian, Joseph and William Kornblum. Social Problems. 5th ed. Englecliffs, New Jersey: Prentice Hall, 1986.
- Kandel, Denise B. "Epidemiology and Psychosocial Perspectives on Adolescent Drug Use." Journal of American Academic Clinical Psychiatry. 7 (1979): 96-116.
- Kandel, Denise B. "Marijuana Users in Young Adulthood." Archives of General Psychiatry. 4 (February 1984): 783-798.
- Maddahian, E., Michael Newcomb and P.M. Bentler. "Adolescent Substance Use: Impact on Ethnicity Income and Availability." Alcohol and Substance Abuse Women and Children. 5 (1987): 63-78.
- Majors, Richard and Janet Mancini Billson. Cool Pose: The Dilemmas of Black Manhood in America. New York, New York: Lexington Books, 1992.
- Marshall, Amuleru and Susan Melhan. Prevention Models for Black Youth at High Risk: Families and Religion. Washington D.C.: Ecology of Alcohol and Drug use, 1987. DHHS, ADM 90-1672.
- Maslow, R. Motivation and Personality. 2nd ed. New York: Harper & Row, 1970.
- Maton, Kenneth I. and Marc Zimmerman, "Psychological Predictors of Substance Use Among Black Male Adolescents." Unpublished paper, 1989.
- Melhan, Susan. Prevention Models for Black Youth at High Risk: Family and Religion. Washington D.C.: Ecology of Alcohol and Drug Use 1987. DHHS, ADM 90-1672.

- Morgan, Maria C., Deborah L. Wingard and Marianne E. Felice. "Subcultural Differences in Alcohol Use Among Youth." Journal of Adolescents Health Care. 5 (1984): 191-195.
- Murray, David M., Cheryl L. Perry, Catherine O'Connel and Linda Schmid. "Seventh-grade Cigarette Alcohol and Marijuana Use: Distribution in a North Central U. S. Metropolitan Population." International Journal of Addictions. 22 (1987): 357-378.
- Musto, David. The Second Cocaine Epidemic. Washington D.C.: Ecology of Alcohol and Other Drug Use, 1987. DHHS, ADM 90-1672.
- National Institute on Drug Abuse. National Household Survey on Drug Abuse: Main Findings, 1985. Washington, D.C.: U.S. Department of Health and Human Services, 1988. DHHS, ADM 18-1565.
- Nobles, Wade. Family Cultural and Environmental Risk Factors Related to Alcohol and Other Drug Use Among Black Youth. Oakland California: Institute for the Advances Study of Black Family Life and Culture, 1987. DHHS, ADM 90-1672.
- Pandina, Robert and Valerie Johnson. "Serious Alcohol and Drug Problems Among Youth with a History of Alcoholism." Journal of Studies of Alcohol. 51 (1991): 278-282.
- Pendergrast, Michael. Substance Abuse Among-Black Youth." Prevention Update. 4 (Fall).
- Nationl Drug Policy. PRIDE Survey. Washington, D.C.: National Institute on Drug Abuse. 1993.
- Primm, Beny J. Implications of Alcohol and Other Drug Use for Black America. Washington, D.C.: Ecology of Alcohol and Other Drug Use, 1987. DHHS, ADM 90-1672.
- Seyle, Hans. Implications of Alcohol and Other Drug Use for Black America: Opening Address. Washington D.C.: Ecology of Alcohol and Other Drug use, 1987. DHHS, ADM 90-1672.
- Skager Rodney, Dennis Fisher and Ebrahim Maddahian. A Statewide Survey of Drug and Alcohol Use Among California Students in Grade 7, 9, 11. Report presented at the office of Attorney General to Attorney

General John K. Van de, Sacramento, California, Winter (1985-1986).

Stedman's Medical Dictionary. 1982 24th ed. Maryland: Williams and Wilkins Publishing Company, 1982.

Watson, Donnie. Implications of Alcohol and Other Drug Use for Black America. Washington, D.C.: Ecology of Alcohol and Other Drug Use, 1987. DHHS, ADM 90-1672.

Welte, John W. and Grace M. Barnes. "Alcohol: The Gateway to Other Drugs Use Among Secondary-School Students." Journal of Youth and Adolescent. 14 (1985): 487-498.

Zimmerman, Marc A. and Kenneth I. Maton. "Life-style and Substance Among Male African-American Urban Adolescents: A Cluster Analytic Approach." American Journal of Community Psychology. 20 (1992): 121-138.